

215047639
70138

State of Nebraska
Investigator's Motor Vehicle Accident Report

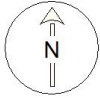
Sheet 1 of 4

4	Total Number of Vehicles	Local No./ District 15	Agency Case No. B5-107291	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 1155		STATE USE ONLY 11/17/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1156	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Holdrege 31st to 29th			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE		
D	IF AT INTERSECTION	NAME OF INTERSECTING ROADWAY				IF NOT AT INTERSECTION	LONGITUDE
1		6.00				X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	1	VEHICLE NO. 1					
V1/N	2	DRIVER LICENSE NO.	169CC2291	STATE (Of License)	IA	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V2/N	2	DRIVER CASEY J KIRKENDALL	PHONE 712-253-2938	LOCAL NO.			
G	2	DRIVER ADDRESS 1460 HILLTOP RD, LINCOLN, NE 68521	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/28/1995	V1/1 18	
H	5	OWNER CASEY KIRKENDALL	PHONE 712-253-2938	LOCAL NO.	V1/2		
V1/O	2	OWNER ADDRESS 1460 HILLTOP, LINCOLN, NE 68521	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB482891	V1/3	
V2/O	2	LICENSE PLATE PA NO. 274ZIS	YEAR 2016	STATE (Of Plate) IA	V1/4		
V1/O	2	VEHICLE 2007	MAKE Chevrolet	MODEL MONTE CARL	BODY STYLE 2 door Sedan	COLOR white	
V2/O	2	VEHICLE ID NO. (VIN) 2G1WK15K779144030	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500		V1/5 18		
V1/O	2	VEHICLE ID NO. (VIN) 2G1WK15K779144030	INSURANCE COMPANY FARM BUREAU		V1/6 35		
V2/O	2	TOWED TO	TOWED BY	POLICY NO. 7960990			
I	1	VEHICLE NO. 2					
V1/P	1	DRIVER LICENSE NO.	H13357666	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V2/P	1	DRIVER MIKAYLA R BUTTS	PHONE 402-297-1755	LOCAL NO.	V2/1 18		
V1/Q	4	DRIVER ADDRESS 328 E E ST, ELMWOOD, NE 68349	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/21/1994	V2/2	
V2/Q	4	OWNER TAMMY L MARCOE(05-05-1971)	PHONE 402-297-1755	LOCAL NO.	V2/3		
V1/Q	4	OWNER ADDRESS 328 EAST E ST, PO BOX 129, ELMWOOD, NE 68349	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	V2/4	
V2/Q	4	LICENSE PLATE PA NO. 20BV10	YEAR 2016	STATE (Of Plate) NE	V2/5 18		
V1/Q	4	VEHICLE 1999	MAKE Plymouth	MODEL BREEZE	BODY STYLE 4 door Sedan	COLOR gray	
V2/Q	4	VEHICLE ID NO. (VIN) 1P3EJ46X4XN661204	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000		V2/6 35		
V1/Q	4	VEHICLE ID NO. (VIN) 1P3EJ46X4XN661204	INSURANCE COMPANY FARMERS MUTUAL				
V2/Q	4	TOWED TO	TOWED BY	POLICY NO. AU284122			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

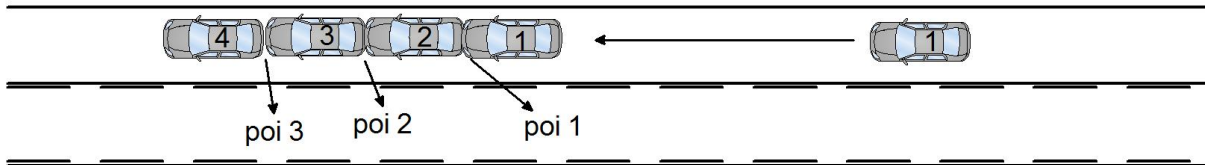
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107291



1. 6' S of N of Holdrege
285' E of E of 29th
 2. 6.s of N of Holdrege
273 E of E of 29th
 3. 6' s of N of Holdrege
261' E of E of 29th
- Holdrege = 30'

to 31st →



Holdrege

← to 29th

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Drivers of vehicles 2,3,4 all said they were stopped at a traffic signal on Holdrege when struck from behind. Driver #1 said he was following too closely behind veh #2 when it stopped. Driver 1 could not stop in time to avoid striking the rear of veh #2. This cause a chain reaction between vehicles 2,3 and 4.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2	
1				X	HOLDREGE		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		1	1	
2				X	HOLDREGE		POINT OF IMPACT	01	POINT OF IMPACT	05	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		1	1	
1	01	06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
2	11	08 Entering traffic lane				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 15

Agency
Case No. B5-107291

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Holdrege 31st to 29th

VEH. #	VEHICLE NO. <u>3</u>										VEH. #
3	DRIVER LICENSE NO. <u>H13355414</u>		STATE (Of License) <u>NE</u>		SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE						3
M	DRIVER <u>HANNAH E HOPPMANN</u>				PHONE <u>402-570-3741</u>		LOCAL NO.				1.
01	DRIVER ADDRESS <u>4000 S 40TH ST, LINCOLN, NE 68506</u>				CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) <u>03/27/1993</u>				18
N	OWNER <u>PATRICIA S HOPPMANN 10-28-1957</u>				PHONE <u>402-730-279</u>		LOCAL NO.				2.
2	OWNER ADDRESS <u>4000 S. 40TH, LINCOLN, NE 68506</u>				CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.		3.
O	LICENSE PLATE PA NO. <u>RRI397</u>				YEAR (Plate Expires) <u>2016</u>		STATE (Of Plate) <u>NE</u>				4.
P	VEHICLE <u>2012</u>				MAKE <u>Honda</u>		MODEL <u>CIVIC</u>		BODY STYLE <u>4 door Sedan</u>		5.
Q	VEHICLE ID NO. (VIN) <u>2HGFB2F54CH562519</u>				COLOR <u>red</u>		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ <u>1000</u>				18
4	TOWED TO				TOWED BY		INSURANCE COMPANY <u>AMERICAN FAMILY</u>		POLICY NO. <u>2690-2835-02-79-FPPA-NE</u>		35

VEH. #	VEHICLE NO. <u>4</u>										VEH. #
4	DRIVER LICENSE NO. <u>H13271086</u>		STATE (Of License) <u>NE</u>		SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE						4
M	DRIVER <u>MIRANDA L HICKS</u>				PHONE <u>402-904-0246</u>		LOCAL NO.				1.
01	DRIVER ADDRESS <u>1747 SOUTH ST APT 1, LINCOLN, NE 68502</u>				CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) <u>03/15/1991</u>				18
N	OWNER <u>MIRANDA L HICKS</u>				PHONE <u>402-904-0246</u>		LOCAL NO.				2.
2	OWNER ADDRESS <u>718 S. 49TH, LINCOLN, NE 68510</u>				CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.		3.
O	LICENSE PLATE PA NO. <u>SUA879</u>				YEAR (Plate Expires) <u>2016</u>		STATE (Of Plate) <u>NE</u>				4.
P	VEHICLE <u>2003</u>				MAKE <u>Oldsmobile</u>		MODEL <u>ALERO</u>		BODY STYLE <u>4 door Sedan</u>		5.
Q	VEHICLE ID NO. (VIN) <u>1G3NL52E13C144579</u>				COLOR <u>silver / chrome</u>		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ <u>500</u>				18
4	TOWED TO				TOWED BY		INSURANCE COMPANY <u>VIKING</u>		POLICY NO. <u>274600693</u>		35

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE <u>3</u>				RESTRAINT USE VEHICLE <u>3</u>				TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)																
3				X	HOLDREGE	VEHICLE <u>3</u>				VEHICLE <u>4</u>				VEH <u>3</u> 1 VEH <u>4</u> 1								
4				X	HOLDREGE	VEHICLE <u>3</u>				VEHICLE <u>4</u>				ALCOHOL TESTING								
3	11	06 Turning left			POINT OF IMPACT	05	POINT OF IMPACT	05	1 Deployed - front				1 None used - vehicle occupant				ALCOHOL LEVEL TESTED					
4	11	07 Making U-turn			MOST DAMAGED AREA	05	MOST DAMAGED AREA	05	2 Deployed - side				2 Lap & shoulder belt used				BAC LEVEL					
					08 Entering traffic lane			08 Entering traffic lane			3 Deployed - both front/side				3 Shoulder belt only used				Driver No. <u>3</u> Driver No. <u>4</u>			
					09 Leaving traffic lane			09 Leaving traffic lane			4 Not deployed				4 Lap belt only used				N X N X			
					10 Parked			10 Undercarriage			5 Not applicable/ No airbag available				5 Child safety seat used				ALCOHOL/ DRUGS SUSPECTED			
					11 Slowing or stopped in traffic			11 Total (all areas)			6 Unknown				6 DOT approved helmet used				1 1			
					12 Other			12 Other							8 Costume helmet used							
					13 Unknown			13 Unknown							9 Restraint use unknown							

Complete this section for all injured persons

Complete this section for all injured persons				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME	ADDRESS		1	2	3	4	5	6	7	8
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		1	2	3	4	5	6	7	8
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		1	2	3	4	5	6	7	8
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-107291

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 965		TROOP/ TEAM/ BEAT CE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Richard Fitch			INVESTIGATOR SIGNATURE Approved by Officer Richard Fitch		DATE OF REPORT 11/17/2015